MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

DEC 23 1937

1. PLACE OF DEATH
County New Madrid
Township Portage
City ~~Portageville,~~ Mo. (No. ..... St. ..... Ward)

Registration District No. 607
Primary Registration District No. 5806

File No. 41982
Registered No. .....

2. FULL NAME Leo W. Tribble

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb., 11, 1909

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	27	9	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Harviell, Mo.
(STATE OR COUNTRY) Butler County

FATHER
13. NAME D. A. Tribble
14. BIRTHPLACE (CITY OR TOWN) Butler County
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Louise Berry
16. BIRTHPLACE (CITY OR TOWN) Bellviele
(STATE OR COUNTRY) Ill

17. INFORMANT Jim Berry
(ADDRESS) ~~Portageville, Mo.~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lone Hill DATE 11-13 19 37

19. UNDERTAKER R. M. Payne
(ADDRESS) Portageville, Mo.

20. FILED Nov 22 1937 Mary W. Corte
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11, '37

22. I HEREBY CERTIFY, That I attended deceased from only Oct. 16, 1937 to no more, 19....
I last saw him alive on Oct. 16, 1937. Death is said to have occurred on the date stated above, at 7-15 A. M/
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis- Apr.	1936

Other contributory causes of importance:
time
no other disease

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? nil Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) A. A. Rieder, M. D.
(Address) Portageville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

10-22-36 X9314